

101-CHEV
QIFS

2.6.98

Dear Sir,

I am what they call INDIGENT at this time. I am elderly. I have to think 80 to 100 years. I got that on May 30, 1996. I would like for you to give me a layout in mind in my appeal. Can you help me

Thank You

Brown

Dear Mr.

BENSE, WOODS # 32989

P.O. Box 45699

LUCASVILLE, OHIO

12/29/98

EXHIBIT

tabbed

D.WOODS # 527991

*SOUTHERN OHIO CORRECTIONAL FACILITY
PO BOX 45699
LUCASVILLE, OH 45699-0001
DRC 1459

Office of the Ohio Public Defender

Prison Legal Services

7 Ernest Lowder Street
Circleville, Ohio 43228-2299



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 728-8091

DAVID H. BODIKER
State Public Defender

MEMORANDUM

DATE: February 6, 1998

TO: Ohio Inmate

FROM: Intake Division

RE: Request for Assistance

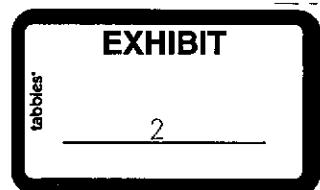
This will acknowledge receipt of your request for legal assistance. It is the duty of this office to provide legal representation to indigent inmates who are unlawfully imprisoned, provided their claims have arguable merit.

Please complete and return the enclosed questionnaire and financial statement. If you have any other documents or information pertaining to your claims, you may send them also. Upon receipt of the questionnaire and financial statement, this office will review your claims for merit.

Return the documents to:

Intake Division
Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215

We look forward to hearing from you.



8 East Long Street, 11th Floor
Columbus, Ohio 43215

2-13-28

Please answer each question below as completely and accurately as possible. If you need help, contact the law clerk at your institutional law library. If you need more space, attach additional pages.

Return the completed questionnaire, together with copies of any papers or documents you have pertaining to your case, and this office will investigate your claims. If the attorney assigned to your case feels an interview is necessary, you will be notified.

Name: Bruce Woods

OPDC No.: 98-1640

Institution Number: 329889

Date of birth: 10-18-64

Institution: S.O.C F

Soc. Sec. No.: 390-70-5503

County of conviction: HAMILTON

Case number: B960384

Name of the attorney who represented you: _____

08-16-0276

Any aliases you have used: _____

Any co-defendants in your case: Kelly Woods, Rayshawn Riggins

*CLOSED
IN INTAKE*

How were you convicted? [Place an "X" in the appropriate box. Choose only one box.]

I entered a plea of "guilty."

I was tried by a jury.

I entered a plea of "no contest."

I was tried by a judge, without a jury.

I was convicted of: Agg Burglary, Agg Robbery, Kidnapping,

The term of my sentence is minimum 15 to maximum 120; or definite _____

Date of conviction: 5-31-96 Date delivered to the state: 6-25-96 Parole/EDS: 2012

Did you appeal your conviction to the court of appeals?

Yes No

Did you appeal your conviction to the Ohio Supreme Court?

Yes No

Have you filed any other actions challenging your conviction?

Yes No If so, list the court, case

number and nature of the proceedings: _____

Do you have any action pending at the present time? Yes No If so, list the court, case number, type of action, and the name of your attorney, if you are represented: _____

EXHIBIT

tabbed

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NOTE: If you are not represented by counsel, you must continue to represent yourself while this office investigates your case.

Briefly summarize the facts of your case: _____

What type of assistance are you requesting from this office? _____

WAIVER

I hereby waive the attorney-client privilege for the limited purpose of enabling any attorney who has represented me to freely discuss my case with the Ohio Public Defender or any of his staff.

Bruce Woods
Your Signature

FINANCIAL STATEMENT

Before this office can represent you, you MUST COMPLETELY FILL OUT this form and return it to the above address. If a question is not applicable to you or your situation, write N/A in the blank space.

PERSONAL INFORMATION

Name Ronie Woods

Social Security Number 390 70 5503 Date 2-11-95

Address P.O. Box 45699

City LUCASVILLE State OHIO Zip 45699

Telephone N/A Date of Birth 10-13-64 Marital Status S

Names and ages of dependents N/A

With whom do you live? N/A

INCOME

Are you working now? Yes No

Employer N/A

Employer's Address N/A

City N/A State N/A Zip N/A

Employer's Telephone N/A

Type of Work N/A Gross Pay \$ N/A /mo.

List any public assistance or other income received by you or your spouse in the appropriate space below:

Type of Public Assistance N/A

Gross Pay \$ N/A /mo.

Pension \$ N/A /mo.

VA Disability \$ N/A /mo.

Unemployment Comp. \$ N/A /mo.

Worker's Comp. \$ N/A /mo.

Social Security \$ N/A /mo.

TOTAL \$ N/A /mo.

Husband's/Wife's Pay or Income

\$ N/A /mo.

Other Income (describe) N/A

\$ N/A /mo.

TOTAL INCOME \$ N/A /mo.

ASSETS

Cash on hand or in the bank

\$ N/A /mo.

Money owed to you (explain) N/A

\$ N/A /mo.

Do you own your home or any other real estate? Yes No

If so, describe property and its location:

Value of property

\$ N/A /mo.

List make and year of every car, truck, motorcycle or other vehicle owned by you and the value thereof:

N/A N/A

\$ N/A /mo.
\$ N/A /mo.

List all other property of value owned by you including but not limited to stocks, bonds,

jewelry, boats, musical instruments, and the value thereof. If none, write

NONE: Na

\$ Na /mo.

\$ Na /mo.

TOTAL ASSETS

\$ Na /mo.

EXPENSES

Living Expenses:	Rent or mortgage payments	\$ _____ /mo.
	Estimated monthly food bill	\$ _____ /mo.
	Medical or dental bills	\$ _____ /mo.
	Clothing expenses	\$ _____ /mo.
	Utilities	\$ _____ /mo.

Other expenses (explain)

Na

\$ _____ /mo.

\$ _____ /mo.

TOTAL EXPENSES

\$ _____ /mo.

DEBTS

List all debts you presently owe:

Names of Creditors/ Who you owe

Total Amount Owed

Monthly Payment

(Attach additional sheets if necessary)

THE FINANCIAL STATEMENT I HAVE COMPLETED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF IT IS DETERMINED BY THE STATE PUBLIC DEFENDER, OR BY THE COURT, THAT I WAS NOT ENTITLED TO THE LEGAL REPRESENTATION PROVIDED ME, I MAY BE REQUIRED TO REIMBURSE THE PUBLIC DEFENDER FOR THE COSTS OF REPRESENTATION PROVIDED. ANY ACTION FILED BY THE PUBLIC DEFENDER TO COLLECT FEES HEREUNDER, MUST BE BROUGHT WITHIN TWO YEARS FROM THE LAST DATE LEGAL REPRESENTATION WAS PROVIDED.

Brian Wilson
SIGNATURE OF APPLICANT

IF YOUR FINANCIAL SITUATION SHOULD IMPROVE BEFORE THE FINAL DISPOSITION OF THIS CASE, YOU MUST INFORM THE OHIO PUBLIC DEFENDER IMMEDIATELY.

FOR OFFICE USE ONLY - NOT TO BE FILLED OUT BY THE APPLICANT

Monthly income minus living expenses	\$ _____ /mo.
Assets minus liabilities	\$ _____ /mo.
Estimated cost of defense	\$ _____ /mo.

Eligible for Ohio Public Defender Services Yes No

CASE ATTORNEY



ASSETS Cr.

List all other property of value owned by you including but not limit jewelry, boats, musical instruments, and the value thereof. If none, NONE: *None*

112

TOTAL ASSE

EXPENSE

Living Expenses:	Rent or mortgage payments Estimated monthly food bill Medical or dental bills Clothing expenses Utilities
-------------------------	---

Other expenses (explain)

REFERENCES AND NOTES

DEB

List all debts you presently owe:

Names of Creditors/ Who you owe

Ta.

(Attach additional sheets if necessary)

THE FINANCIAL STATEMENT I HAVE COMPLETED ABOVE
KNOWLEDGE. I UNDERSTAND THAT IF IT IS DETERMINED BY
WAS NOT ENTITLED TO THE LEGAL REPRESENTATION PROVIDED
DEFENDER FOR THE COSTS OF REPRESENTATION PROVIDED
COLLECT FEES HEREUNDER, MUST BE BROUGHT WITHIN THE TIME
WAS PROVIDED.

**IF YOUR FINANCIAL SITUATION SHOULD IMPROVE BEFORE
THE OHIO PUBLIC DEFENDER IMMEDIATELY.**

FOR OFFICE USE ONLY - NOT TO BE FILLED OUT BY THE AF

Monthly income minus living expenses
Assets minus liabilities
Estimated cost of defense

Eligible for Ohio Public Defender Services Yes No

ANADELLJ

From: JAMES ANADELL
Sent: Sunday, March 15, 1998 4:56 PM
To: MARY DUNNING; FELICE HARRIS.
Subject: assignment (Woods to FLH)

MARY:

Assign Bruce Woods, 98-LG-1640, to Felice; change Case Type to 201.

FELICE:

Hamilton County jury trial; agg burglary, robbery, kidnapping. D got 4 CS gun specs (12 years) and a ton of time.

No appeal was ever taken. I didn't trust the computer read-out, so I had Bryan get a copy of the real docket on his last Hamilton County run. Sure enough, notice of appeal never filed.

Sentencing entry was filed 6.14.96, so you're really late on this one. If I were you, I'd order a transcript of the sentencing hearing before I did anything else to see what went down.

I called trial counsel, Mike McEvilley, but only received a vague voice-mail message that he "didn't handle the appeal." I guess not. He did not return subsequent calls. Note that sentencing entry shows a Brian Perkins as assigned counsel.

EXHIBIT

tables*

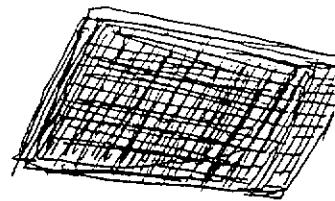
4

MCCANDLD

From: FELICE HARRIS
Sent: Friday, March 20, 1998 6:29 PM
To: DEBI McCANDLISH
Subject: state v bruce woods

Please find out how much it will cost to transcribe the sentencing hearing in state v Bruce Woods, case # B961386 and order it asap. The hearing was held 6/14/96 before Judge John P. O'Conner, Hamilton County. Thanks.

3/23/98 9:00



Ron Johnson #632-8396 -

left message -

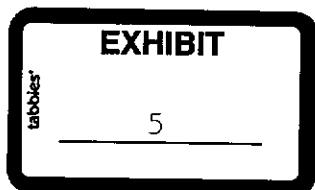
\$20 pg

30 days \$210 a page

210 pg
20
42.

Jail
McCubbin St

1000 Main St
Columbus Ohio
Circ. #5002





Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

March 23, 1998

Ms. Gail McCubbins
Court Reporter
1000 Main Street, Room 211
Cincinnati, OH 45202

Re: *State of Ohio vs. Bruce Woods*
Case No. B961386

Dear Ms. McCubbins

Pursuant to our telephone conversation today, please transcribe the sentencing hearing held June 14, 1996, before Judge John P. O'Conner in the above referenced case.

I understand that the transcript is approximately 20 pages and will cost \$2.10 a page. Please remit the bill when the transcript is sent and I will see that it is promptly paid. On the bill, please include a federal tax identification number.

Thanking you in advance.

Sincerely,

Deborah K. McCandlish
Administrative Assistant

DKM/deb

EXHIBIT

tabbed

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FELICE HARRIS

From: FELICE HARRIS
To: DEBI McCANDLISH
Subject: state v bruce woods
Date: Friday, March 20, 1998 6:29PM

Please find out how much it will cost to transcribe the sentencing hearing in state v Bruce Woods, case # B961386 and order it asap. The hearing was held 6/14/96 before Judge John P. O'Conner, Hamilton County Thanks.

3/24/98 - will order Transcript (#43) - will take 30 days

EXHIBIT

tables*

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FY 98 DISBURSEMENT JOURNAL

Voucher Date:	04/15/98	Vendor:	Gail T McCubbins		
Warrant #	4179137	Batch #	010515	Voucher #	982897
Date Warrant Sent to Vendor:		04/22/98			
SAC Detail: Press Ctrl+Tab to exit Detail Form					
PO Number	Obj	S-Obj	SAC /SPND	Amount	
DEBIT	155	03	4011/LEG'L	\$33.60	
Total for this Voucher:				\$33.60	

Notes:

Back Next

Add Close

Print Record

EXHIBIT

tables®

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PERSONNEL ACTION STATE OF OHIO		AGENCY FROM TO	DIVISION OR INSTITUTION Ohio Public Defender Commission				UNIT OR OFFICE	NO. 5435823				
NAME FROM	Harris	Felice	L.	SEX F	DATE OF BIRTH MM DD YY	NO. OF YEARS	DEGREE JD	EDUCATION MAJOR Law				
(LAST)	(FIRST)	(M.I.)										
TO												
ADDRESS FROM												
(STREET)				(CITY)	(STATE)		(ZIP CODE)	(COUNTY)				
EFFECTIVE DATE FROM: MO 04		PAYROLL NUMBER TO: DAY 18		POSITION CONTROL NO. FROM:	BARG UNIT TO:	FLAG TO:	SOCIAL SECURITY NUMBER TO:		HQ. COUNTY TO:			
CLASS TITLE FROM: Asst. Public Defender 1				CLASS NO TO:	RANGE TO:	STEP TO:	BASE RATE TO:	LONG TO:	SUPPL TO:	SUPPL TO:	TOTAL TO:	STATUS TO: U
APPOINTMENT		CHANGE		SEPARATION				INTERRUPTION				
<input type="checkbox"/> 0 EMERGENCY ENDS _____ <input type="checkbox"/> 1 FULL TIME PERMANENT <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS _____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS _____ <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS _____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS _____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERM SALARIED ENDS _____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 INTERIM EXTERNAL <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR		<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 DISPLACEMENT <input type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS _____ CLASS _____ RATE _____ STEP _____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> 35 UNINTERRUPTED SEPARATION/ APPOINTMENT <input type="checkbox"/> OTHER - SEE REMARKS		<input checked="" type="checkbox"/> 1 RESIGNED - REGULAR <input checked="" type="checkbox"/> X WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY _____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE				<input type="checkbox"/> 1 MILITARY LEAVE ENDS _____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS _____ <input type="checkbox"/> 3 SUSPENSION ENDS _____ <input type="checkbox"/> 6 SEASONAL ENDS _____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS _____ <input type="checkbox"/> 11 UNION LEAVE ENDS _____ <input type="checkbox"/> 12 END A17 _____ <input type="checkbox"/> 13 END A18 _____ REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE _____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE _____				
END OF LAST PROMOTION		CERTIFICATION NO.		DATE OF CONTINUOUS SERVICE		BUDGETED HOURS		DAS TIME STAMP				
MARKS: 11-Written resignation attached. [REDACTED] ADM 4259 attached.												
						EXHIBIT tables' _____ 9						
ALL ITEMS CONTAINED ON PRE-HIRE FORM HAVE BEEN COMPLETED <i>Daniel H. Bodner/ABW</i> 4/17/98						STATE PERSONNEL DIVISION <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> NOTED <i>Sandra A. Siegel 4/23/98</i>						
						CERTIFICATION _____						
POW OF APPOINTING AUTHORITY (SIGNATURE)						DATE						
NATURE OF RELEASING AUTHORITY						SIGNATURE OF DIRECTOR OF APPOINTMENTS & TIME						

LANEB

From: NANCY DECATUR
Sent: Tuesday, May 05, 1998 12:30 PM
To: BOB LANE
Subject: Bruce Woods

I spoke with attorney Bryan Perkins today.

EXHIBIT

tables:

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Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

May 13, 1998

Mr. Bruce Woods
#329-889
Southern Ohio Correctional Facility
P.O. Box 45699
Lucasville, Ohio 45699

Dear Mr. Woods:

This is in response to your recent request for assistance from this office. I am reviewing your case in order to determine whether or not we can represent you in court.

Sincerely,

A handwritten signature in black ink, appearing to read "Rob L. Lane".

Robert L. Lane
Chief Appellate Counsel

RLL:mjb/Enclosures/#67561

EXHIBIT

tables*

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Dear Mr. Lane

EXHIBIT

tabbies

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Thank you

Bruce Woods



B. WOODS #32988
P.O. Box 45499
Lucasville, OH
45911

Ohio Penitentiary Department Commission

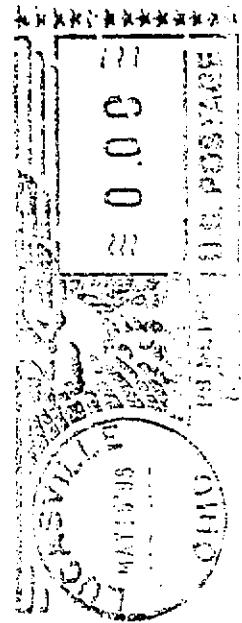
ATTN:

Robert L. Lane

2 East Locust Street

Colo 85253-3223

MAILING FEE
SOUTHERN CONNECTIONAL
PO BOX 45499
LUCASVILLE OH 45911-0549



TOM WETTERER

From: JAMES ANADELL [OPDCNET/OPD/ANADELLJ]
Sent: Tuesday, May 19, 1998 1:44 PM
To: MARY DUNNING
Cc: BOB LANE; TOM WETTERER
Subject: reassignment (Bruce Woods to TRW)

MARY:

Reassign Bruce Woods, 98-LG-1640, to TRW. Bob Lane is delivering file to Tom.

EXHIBIT

tables*

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Filters Used:

Note Report

Form Format

Date Printed: 3/31/2004

Time Printed: 10:43AM

Printed By: FENLO

Date	5/19/1998	Time	1:40PM	12:00AM	Duration	0.00 (hours)	Code			
Description	E-mail MD; file to TRW						Staff	James F Anadell		
Client	Bruce Woods				Case Ref	Woods, Bruce			File No	98-LG-1640
Alerts		(days before)	Follow		Done		Notify		Hide	
User1							User3			
User2							User4			
Path/Name										

Date	3/15/1998	Time	4:41PM	12:00AM	Duration	0.00 (hours)	Code			
Description	E-mail MD, FLH; file to FLH						Staff	James F Anadell		
Client	Bruce Woods				Case Ref	Woods, Bruce			File No	98-LG-1640
Alerts		(days before)	Follow		Done		Notify		Hide	
User1							User3			
User2							User4			
Path/Name										

Date	3/09/1998	Time	9:44AM	12:00AM	Duration	0.00 (hours)	Code			
Description	rec'd docs; pull file for JFA						Staff	Marsha Bennington		
Client	Bruce Woods				Case Ref	Woods, Bruce			File No	98-LG-1640
Alerts		(days before)	Follow		Done		Notify		Hide	
User1							User3			
User2							User4			
Path/Name										

EXHIBIT

tables

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Filters Used:

Note Report

Form Format

Date Printed: 3/31/2004

Time Printed: 10:43AM

Printed By: FENLOP

Date 3/05/1998 Time 9:46AM 12:00AM Duration 0.00 (hours) Code
 Description e-mail to BH & DM; file to INT Staff Marsha Bennington
 Client Bruce Woods Case Ref Woods, Bruce File No 98-LG-1640
 Alerts (days before) Follow Done Notify Hide Trigger Private N Status
 User1 User3
 User2 User4

Path/Name

Date 3/05/1998 Time 9:29AM 12:00AM Duration 0.00 (hours) Code
 Description file to MB for docs Staff James F Anadell
 Client Bruce Woods Case Ref Woods, Bruce File No 98-LG-1640
 Alerts (days before) Follow Done Notify Hide Trigger Private N Status
 User1 User3
 User2 User4

Path/Name

Date 2/17/1998 Time 11:04AM 12:00AM Duration 0.00 (hours) Code
 Description ran docket; file to JFA Staff Marsha Bennington
 Client Bruce Woods Case Ref Woods, Bruce File No 98-LG-1640
 Alerts (days before) Follow Done Notify Hide Trigger Private N Status
 User1 User3
 User2 User4

Path/Name

Filters Used:

Note Report

Form Format

Date Printed: 3/31/2004

Time Printed: 10:43AM

Printed By: FENLOF

Date	2/13/1998	Time	5:30PM	5:30PM	Duration	0.00 (hours)	Code		
Description	file to MB for docs						Staff	James F Anadell	
Client	Case Ref Woods, Bruce						File No	98-LG-1640	
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N	Status
User1				User3					
User2				User4					

Path/Name

Date	2/06/1998	Time	3:11PM	12:00AM	Duration	0.00 (hours)	Code		
Description	sent q&fs; file to JFA						Staff	Marsha Bennington	
Client	Case Ref Woods, Bruce						File No	98-LG-1640	
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N	Status
User1				User3					
User2				User4					

Path/Name

Date	2/06/1998	Time	2:56PM	12:00AM	Duration	0.00 (hours)	Code		
Description	send Q; file to MB						Staff	Mary L Dunning	
Client	Case Ref Woods, Bruce						File No	98-LG-1640	
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N	Status
User1				User3					
User2				User4					

Path/Name



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BOOKER
State Public Defender

May 26, 1998

Mr. Bruce Woods
#329-889
Southern Ohio Correctional Facility
P.O. Box 45699
Lucasville, Ohio 45699

Dear Mr. Woods:

Your case has been reassigned to me for filing a motion for delayed appeal.

Sincerely,

Thomas R. Wetterer, Jr.
Assistant State Public Defender

TRW:nir\68654

EXHIBIT

tables

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